

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000091557

**Entity Name:** CONSCIOUSNESS RESEARCH CENTER, LLC

**Current Principal Place of Business:**

19121 NW COUNTY ROAD 239  
ALACHUA, FL 32615

**Current Mailing Address:**

19121 NW COUNTY ROAD 239  
ALACHUA, FL 32615 UN

**FEI Number: 88-0871648**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHAPAPRIETA, THOMAS P  
19121 NW COUNTY ROAD 239  
ALACHUA, FL 32615 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIR  
Name CHAPAPRIETA, THOMAS P  
Address 19121 NW COUNTY ROAD 239  
City-State-Zip: ALACHUA FL 32615

Title DIR  
Name COHEN, ROBERT  
Address 11515 NW 7TH PLACE  
City-State-Zip: GAINESVILLE FL 32603

Title DIRECTOR  
Name CHAPAPRIETA, LYND A  
Address 19121 NW COUNTY ROAD 239  
City-State-Zip: ALACHUA FL 32615

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS P CHAPAPRIETA**

**REGISTERED AGENT /  
DIRECTOR**

**02/10/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date